

PART B - FEE(S) TRANSMITTAL

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28410 7590 10/20/2009

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(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,431	10/05/2005	Reiner Hannen	23386	8948

TITLE OF INVENTION: DEVICE AND METHOD FOR ALIGNING A GOOD, WHICH CAN BE EASILY DEFORMED AT LEAST IN THE AREA OF THE LOWER OUTER EDGES, ON A TRANSPORT SUPPORT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/20/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
ADAMS, GREGORY W	3652	414-788900

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the name of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	1. <input type="checkbox"/> BERENATO & WHITE, LLC
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. <input type="checkbox"/>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee name will appear on the patent. If an assignee is identified below, the document has been filed for recording as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
MSK-VERPACKUNGS-SYSTEME GESELLSCHAFT
KLEVE, GERMANY

MIT BESCHRANKTER HAFTUNG

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first <u>reapply</u> any previously paid issue fee shown above)
<input type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
<input type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies 3	<input type="checkbox"/> The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, to Deposit Account Number 500544 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g).
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	

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Authorized Signature 

Date **JANUARY 15, 2010**

Typed or printed name **JOSEPH W. BERENATO, III**

Registration No. **30,546**

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